

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
Substitute for Form PTO-1360
(For use with Form PTO/SB/06)

Application Number

10/139988

Filing Date

11/15/04

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT					
	Indep	Depend	Indep	Depend	Indep	Depend				
1	1						51			
2		1					52			
3		1					53			
4		1					54			
5		1					55			
6		1					56			
7		1					57			
8		1					58			
9		1					59			
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13		1					63			
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47							97			
48							98			
49							99			
50							100			
Total Indep	2						Total Indep			
Total Depend	18						Total Depend			
Total Claims	20						Total Claims			

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